

COMMON CARRIER OF PROPERTY
(Excluding Household Goods Carriers and Brokers)

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181 Web Site: www.utc.wa.gov

Web Site: www.utc.wa.gov transportation@utc.wa.gov

APPLICATION FOR REINSTATEMENT – FEE \$100.00

(Per WAC 480-14-220)

Applications for Reinstatement of a Cancelled Common Carrier permit must be within 10 months of the cancellation date of the permit. **If over 10 months**, you must submit a new application form.

Common C	arrier #	to be reinstated.							
Legal Name:									
Trade Name(s), dba(s), if any:									
Business (Mailing) Address:									
Physical Address (if different):									
Phone number:		_ Fax Number:							
Email address:		USDOT #:							
Unified Business Identifier Nu	mber (UBI):								
	Type of Busir	ness Structure	<u>]:</u>						
☐ Individual ☐ Partnership	☐ Limited Liability	Company Corp	poration State of Inc						
<u>NAME</u>	<u>TITLE</u>		PERCENTAGE OF SHARES						
For Official Use Only	Received Date:		ID:						
111-0268-200-02	Insurance:		Docket TV-						
Receipt ID:	Payment ID:								

TYPE OF PAYMENT

NOTE: A convenie		2.5% (mir	nimur	n fee	of \$3	3.95)	is cha	arged	by O	fficia	ıl Pay	ymen	ts for	proce	essing
□ Check □ Mo	ney Order							Amc	ount:	\$					
								Expi	ratior	า Dat	e:				
☐ Discover ☐ Ma	ıstercard	□ Visa		CC	CV #_			(th	ree dig	it code	on ba	ack of c	ard)		
Credit Card numbe	r:	<u> </u>		<u>, </u>						<u> </u>	,	ı	,		
			<u> </u>												<u> </u>
CERTIFICATION: I, t information is true applicant, and that	and corre all inform	ect, that I a nation on fi	im aut ile is c	thoriz currer	zed to nt and	o exec d valid	cute a d.	and fil	le this	s doc	ume	ent on	beha	•	he
Company Name:															
Name (printed):							__ Date	Þ:							
Signature:							Title:								
If paying by credit transportation@u	-	-	your	appl	icatio	on to	360-	-586-	-118:	1 or s	scan	to			